APPENDIX D

2011 VA TRI Reporting Forms

4	And the second second second second				ORM F	,	TRIF	acility ID Numb	er
	🗲 EPA								72
-	-					ing and Commu wn as Title III of 1		0 100	
	ed States		Superfund		ts and Reaut		Toxic	Chemical, Cate	gory, or Generic Name
nyı	ironmental Prote	ction Agency	Act						
WHE	RE TO SEND COMPL	ETED FORMS:		P.O.B	Processing (ox 10163 c, VA 22038	enter		RIATE STATE OF structions in Ap	4.00 ET (100 100)
	section only applies if	you are Revis	ion (Enter				Wit	ndrawal (En	ter up to two cod
	ing or withdrawing a lously submitted form						1 1		-
	rwise leave blank.	· -	- 2					- 2	
MPC	ORTANT: See Instruc	tions to determi	ne when "No	t Applicabl	e (NA)" boxe	s should be che	cked.		
		PART	TI. FACIL	ITY IDEN	ITIFICATI	ON INFORM	MATION		
SEC	TION 1. REPOR	RTING YEAR							
SEC	TION 2. TRAD								
2.1	Are you daiming the	toxic chemical id wer question 2.2;	entified on p	age 2 as a tra		scwer 2.2	2.2 Is this	s copy 🔲 Sar	nitized Unsar
		bstantiation form	5)		go to Sec			ver only if "Yes"	in 2.1)
EC	TION 4. FACILI Facility or Establishm		CATION	TRI Facility	ID Number	ec:			
ia.	Physical Street Addre	ess		Mailing Ad	dress (if diffe	ent from physic	al street addre	ess)	
	City/County/State/Z	IP Code		City/State/	ZIP Code				Country (Non-US)
1.2	This report contains (Important: Check a		if applicable)	a.	An entire facility	b. Part facil		A federa facility	d GC
4.3	Technical Contact Na	ame						Telephone N	lumber (include area o
	Email Address							100	
1.4	Public Contact Name							Telephone N	lumber (include area o
	Email Address					70.			
300	NAICS Code(s)	Primary	T						
1.5	(6 digits)	a	b.		c	d.		e.	f.
1.6	Dun & Bradstreet	a.		3/2		100		<u> </u>	
800	Number(s) (9 digits)	h	_						
	TION 5. Parent	194	nformati	on					
::/	. HORD, Parelli		T	JII .				No.116	. Parent Company
_	Marga of LLC December	Company							
_	Name of U.S. Parent (for TRI Reporting pu	55 50 50 50 50 Th							Reporting purposes)

(IMPO	RTANT: Read instructions I	before com	pleting f	orm; ty	pe or use fill-and-p	orint form	n) Appr			roved OMB Nun 0/31/2014	nber: 202:	5-0009 Page 2 of 6
	Part II. C	HEMIC		RM	R INFORMATI	ION				TRI Facility ID N		, or Generic Name
	TION 1. TOXIC CHEN				porting a mixture	compo	nent in	Section 2	below.)			
_	AS Number (Important: E										ing a cher	nical category.)
1.2	Toxic Chemical or Chemica	l Category	Name (Ir	mporta	nt: Enter only one	name ex	actly as	it appears	on the S	ection 313 list.)		
1.3	Generic Chemical Name (Ir	mportant: (Complete	only if	Part I, Section 2.1 i	is checke	ed "Yes"	'. Generic N	lame mu	ist be structurall	y descript	ive.)
SEC	TION 2. MIXTURE CO	MPONE	NT IDE	NTIT	ľ (lm)	portant	DO NO	OT comple	te this se	ection if you co	mpleted :	Section 1.)
2.1	Generic Chemical Name Pr	ovided by	Supplier	(Import	ant: Maximum of 2	70 chara	cters, in	duding nu	umbers, l	etters, spaces, a	nd punctu	ation.)
	TION 3. ACTIVITIES A		S OF T	HE TO	XIC CHEMICA	LATT	HE FA	CILITY				
3.1	Manufacture the toxic	chemical:		3.2	Process the toxi	ic chemi	ical:		3.3	Otherwise use	the toxic	chemical:
	a. Produce b.	Impor	t									
	If Produce or Imp. For on-site use/produce For sale/distribution As a byproduct As an impurity	ocessing		b c d	As a reactant As a formulation c As an article comp Repackaging As an impurity		<u>at</u>		b. 🔠	As a chemical p As a manufactur Ancillary or oth	ing aid	11d
	TION 4. MAXIMUM A ENDAR YEAR	MOUNT	OFTH	IE TO	(IC CHEMICAL	LON-S	ITE A1	ANY TI	ME DU	IRING THE		
4.1	(Enter	rtwo digit (code fron	n instru	ction package.)							
SEC	TION 5. QUANTITY	F THE T	oxic c	HEMI	CAL ENTERIN	G EAC	H ENV	IRONMI	ENTAL	MEDIUM ON	N-SITE	
					se (pounds/year* ye code** or estim		Basis of Enter o	f Estimate ode)		C. Percent	from Stor	mwater
5.1	Fugitive or non-point air emissions	NA 🔲										
5.2	Stack or point air emissions	NA 🔲										
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA 🗌										
	Stream or Water Body Na	me								_		
5.3.1						_						
5.3.2 5.3.3						+						
	l itional pages of Part II, Sec	tion 5.3 are	attache	d. indic	ate the total numb	ber of pa	ges in t	his box				
	ndicate the Part II, Section					xample:	_					
EPA fo	rm 9350 -1 (Rev. 10/2011)	- Previou	s edition:	s are ob	solete.			*For D	ioxin or	Dioxin-like com	pounds, re	port in grams/year.

*For Dioxin or Dioxin-like compounds, report in grams/year.

**Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

*For Dioxin or Dioxin-like compounds, report in grams/year. **Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

Form Approved OMB Number: 2025-0009 (IMPORTANT: Read instructions before completing form; type or use fill-and-print form) Approval Expires: 10/31/2014 Page 3 of 6 TRI Facility ID Number FORM R Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED) Toxic Chemical, Category, or Generic Name SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (continued) I. Total Release (pounds/year*) (Enter a range B. Basis of Estimate code** or estimate) (Enter code) Underground Injection on-sit to Class I Wells Underground Injection on-sit to Class II-V Wells Disposal to land on-site RCRA Subtitle Clandfills 5.5.1A 5.5.1B Other landfills Land treatment/application farming 5.5.3A RCRA Subtitle C surface impoundments Other surface impoundments 5.5.3B 5.5.4 Other disposal SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA POTW Name 6.1. POTW Address ZIP City County State A. Quantity Transferred to this POTW B. Basis of Estimate (pounds/year*) (Enter range code**or estimate) (Enter code) If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box and indicate the Part II, Section 6.1 page number in this box. (Example: 1, 2, 3, etc.) SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS NA Off-Site EP A Identification Number (RCRA ID No.) Off-Site Location Name: Off-Site Address: ZIP Country (non-US) County State Is this location under control of reporting facility or parent company?

Virginia TRI Report – Summary of Data from 2011 Facility Reports (issued March 2013)

EPA form 9350 -1 (Rev. 10/2011) - Previous editions are obsolete.

(IMPORTANT: Read instruct	tions b	oefore o	completing	g form; t	ype (or use 1	fill-and-p	rint form) Appro	wal		rm App pires: 1			Number: 2025	5-0009 Page 4 of 0	6
				000									TRIF	cility II) Number		
			F	ORN	I K												
Part II. CHEM	IICA	L-SPI	ECIFIC I	NFOR	MA	OIT	N (CON	UNITI	ED)				Toxic	Chemi	cal, Category,	or Generic Na	ame
SECTION 6.2. TRANSFER			OFF-SITE	LOCAT	ON (CONT	INUED)										
A. Total Transfer (poun (Enter a range code** o						code)									Treatment/D gy Recovery	isposal/ (Enter code)	
1.				1.								1. M					
2.				2.								2. M					
3.				3.								3. M					,
4.				4.								4. M					
6.2 Off-Site EPA Iden	tificat	ion Nu	mber (RCR	A ID No.)	Т											
Off-Site Location Name:										Т							
Off-Site Address:										Т							
City				Cou	nty				State		ZIP			Count	try (non-US)		
Is this location under cont	rol of	reporti	ng facility	or parer	it cor	mpany	ı?	Yes	ш		lo [i					_
A. Total Transfer (poun (Enter a range code** o						code)									Treatment/D gy Recovery	isposal/ (Enter code)	
1.				1.								1. M					
2.				2.								2. M					
3.				3.								3. M					
4.				4.								4. M					
SECTION 7A. ON-SI	TE W	ASTE	TREAT	MENT	MET	HOD	S AND	EFFIC	IENCY	,							
Not Applicable (NA) -	Check	here if	no on-site					•	-		ream c	ontaini	ig the	toxic cl			•
a. General Waste Stream (Enter code)							eatment / character			ence						eatment Effici character cod	
7A.1a	7A.1	b			1					2						7A.1c	
	6				7	_				5 8	_				-		
7A.2a	7A.2	h I			1	\vdash				2	_				-	7A.2c	
	3	- 1			4					5							
	6				7					8							
7A.3a	7A.3	b			1					2						7A.3c	
	6				7	_				8					4		
7A.4a	7A.4	ьТ			1	\vdash				2						7A.4c	_
	3				4					5							
	6				7					8							
7A.5a	7A.5	b			1					2 5						7A.5c	
	3				7					8					-		
If additional pages of Part	ŭ	tion 6.	2/7.A are a	ttached	indi,	cate th	ne total n	umber o	f pages	in th	is		box				
and indicate the Part II, Se	ction	6.2/7 . A	page nur	nber in t	his b	ox.			ole: 1, 2,	3, et	c)						
EPA form 9350 -1 (Rev. 10/	2011)	- Prev	ious editio	ons are o	bsol	ete.		**	Range C							port in grams/ = 500-999 pou	

Virginia TRI Report – Summary of Data from 2011 Facility Reports (issued March 2013)

*For Dioxin or Dioxin-like compounds, report in grams/year.

(IMPO	RTANT: Read i	nstructions before completi	ng form; type or use	fill-and-print for	m) Approval		proved OMB N 10/31/2014	Number: 202	5-0009 Page 5 of 6
			ODM D				TRI Facility II	D Number	
		,	ORM R						
	Part II. C	HEMICAL-SPECIFIC	INFORMATIO	N (CONTINU	JED)		Toxic Chemi	ical, Category	, or Generic Name
SEC	TION 7B. O	N-SITE ENERGY RECO	VERY PROCESS	ES					
	IA Check	here if no on-site energy red	covery is applied to a	ny waste stream	containing th	e toxic chem	ical or chemi	cal category.	
Energ	y Recovery M	ethods (Enter 3-character co	ode(s))						
	1		2		3				
SEC	TION 7C. O	N-SITE RECYLING PR	OCESSES						
	IA Check	here if no on-site recycling i	s applied to any was	te ⊄ream contair	ning the toxic	chemical or o	chemical cate	gory.	
Recyc	ling Methods	(Enter 3-character code(s))							
	1.		2.	3	3.				
SEC	TION 8. DIS	POSAL OR OTHER RE	LEASES, SOUR	E REDUCTIO	N, AND RE	CYCLING	ACTIVITIE	S	
				Column A	Colum		Column C		mn D
				Prior Year (pounds/year		t Reporting ounds/year*	Following \ (pounds/ye		nd Following Year nds/year*)
8.1									
8.1a		disposal to Class I Undergro e C landfills, and other landf							
8.1b	Total other o	n-site disposal or other relea	ases						
8.1c		disposal to Class I Undergro e C landfills, and other landf							
8.1d	Total other o	ff-site disposal or other relea	ases						
8.2	Quantity use	d for energy recovery on-sit	e						
8.3	Quantity use	d for energy recovery off-sit	e						
8.4	Quantity recy								
8.5	Quantity recy								
8.6	Quantity trea								
8.7	Quantity trea								
8.8		used to the environment as a sociated with production pro-			events, or one	e-time			
8.9		atio or activity index							
8.10		ity engage in any newly imp			for this chem	ical during tl	he reporting y	year?	
ш		te the following section; if n	ot, check NA. I	NA					
L	Source Re (Enter cod	duction Activities le(s))		Ме	thods to Iden	tify Activity (Enter code(s))	
8.10.	1		a.		b.			с.	
8.10.	2		a.		b.			с.	
8.10.	3		a.		b.			с.	
8.10.	-		a.		b.			с.	
EPA fo	rm 9350 -1 (Re	ev. 10/2011) – Previous editi	ons are obsolete.		*F	or Dioxin or	Dioxin-like co	ompounds, re	port in grams/year.

(IMPORTANT: Read instructions before completing form; type or use fill-and-print form)	Form Approved OMB Approval Expires: 10/3	Number: 2025-0009 11/2014	Page 6 of 6
FORM R	Ī	RI Facility ID Number	
Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED	, ,	oxic Chemical, Category, or	Canaric Nama
Part II. Chemical-Specific INFORMATION (CONTINUED	′ <u>'</u>	oxic crieffical, category, or	Generic Haine
SECTION 8.11. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION	N, AND RECYCLING	G ACTIVITIES	
8.11 If you wish to submit additional optional information on source reduction, recycli	ng, or pollution control	activities, provide it here.	
SECTION 9. MISCELLANEOUS INFORMATION			
9.1 If you wish to submit any miscellaneous, additional, or optional information regar	dina your Form R subm	nission provide it here.	

E	PA					FOR	M R Sc	hed	ule 1		TRI Facility ID Number
ed Sta ronm ncy	ates ental Protection	n	PAR	T II. CH	IEM	ICAL-	SPECIF	IC I	NFORMATI	ON	(continued)
EC	TION 5. QUA	NTITY	OF DI	OXIN AND D	IOXIN-	LIKE CON	IPOUNDS E	ITERIN	G EACH ENVIRONM	ENTAL MEDIUM ON	-SITE
		5.1	NA		5.2	NA		5.3		ring streams or wate stream or water bod	
				e or non- emissions		Stack or air emi:			5.3.1	5.3.2	5.3.3
Ţ	1										
	2										
	3										
ļ	4										
ļ	5									,	
	6										
ŀ	7				-					,	
ŀ	8							_			
ļ	9				-						
ŀ	10							_			- /
-	11										
-	12										
-	A-7/1				4						
-	14										
}	15				6						
-	16									7	
-	1/										

Form Approved OMB Number: 2025-0009 Page 2 of 4 Approval Expires: 10/31/2014 (IMPORTANT: Read instructions before completing form; type or use fill-and-print form) TRI Facility ID Number FORM R Schedule 1 PART II. CHEMICAL-SPECIFIC INFORMATION (continued) SECTION 5. QUANTITY OF DIOXIN AND DIOXIN-LIKE COMPOUNDS ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE Underground Injection 5.5 Disposal to land on-site 5.4.1 NA 5.4.2 NA 5.5.1.A NA 5.5.1.B NA 5.5.2 NA 5.5.3A NA 5.5.3B NA 5.5.4 NA RCRA Subtitle C Underground Underground Other landfills RCRA Subtitle C Land treatment/ Other surface Other disposal Injection on-site Injection on-site landfills impoundments application farming surface to Class I Wells to Class II-V impoundments Wells 2 3 Mass (grams) of each compound in the category (1-17) 4 5 6 7 8 9 10 11 12 13 14 15 16 17

(IMPORTA	ANT: Read inst	ructio	ons before completing f	orm; type or use fill-and	-print form)		orm Approved OMB Nui pproval Expires: 10/31/2		Page 3 of	4			
			, ,					Т	RI Facility ID Numb	er .			
				FORM R S									
PA	ART II.	Cŀ	IEMICAL-S	PECIFIC IN	FORMATIO	N	(continued)					
SECTI	ECTION 6. TRANSFERS OF DIOXIN AND DIOXIN-LIKE COMPOUNDS IN WASTES TO OFF-SITE LOCATIONS												
			6.1.	DISCHARGES TO F	UBLICLY OWNED	TREATMENT WOR	KS (POTWs) NA		İ				
	6.l				C. Mass (gr	ams) of Each Compo	und in the Category	(1-17)					
1		2	3	4	5	6	7	8	9				
10		11	12	13	14	15	16	17					
			6.21	RANSFERS TO OT	HER OFF-SITE LOC	ATIONS	NA						
	6.2				D. Mass (gr	ams) of each compo	und in the category	(1-17)					
	1.	1	2	3	4	5	6	7	8				
9		10	11	12	13	14	15	16	17				
	2.	1	2	3	4	5	6	7	8				
9		10	11	12	13	14	15	16	17				
	3.	1	2	3	4	5	6	7	8				
9		10	11	12	13	14	15	16	17				
	4.	1	2	3	4	5	6	7	8				
9		10	11	12	13	14	15	16	17				
	6.2	L				ams) of each compo							
	1.	1	2	3	4	5	6	7	8				
9	2.	10	11	12	13	14	15	16	17				
	4.	10	2	3	4	5	6	7	8				
9	3.	10	11 2	12	13	14	15	16 7	17 8				
9	<u>.</u>	10	11	12	13	14	15	16	17				
	4.	1	2	3	4	5	6	7	8				
9		10	11	12	13	14	15	16	17				
	tional page			e attached, indicate	the total number of								
			on 6.1 or 6.2 page n			ple: 1, 2, 3, etc.)							

(IMP	ORTAN	IT: Read instruction	ns before complet	ing form; type or u	use fill-and-print fo	rm)			ed OMB Number: 2 ires: 10/31/2014	025-0009		Page 4 of 4
				FOR	M R Sch	1 ماريام					TRI Facility ID N	
		ADT II C	ILLANCA				ANI.					
	Υ/	AKI II. C	HEMICA	L-SPECI	FIC INFO	KMATIO	M	100)	ntinued)			
				R RELEASES, S	OURCE REDU	CTION, AND RI	ECYCLING AC	TIVITIES FOR D	DIOXIN AND DI	OXIN-LIKE CO	MPOUNDS	
L	(curr	ent year only)										
		8.1a	8.1b	8.1c	8.1d	8.2	8.3	8.4	8.5	8.6	8.7	8.8
		Total on-site	Total other	Total off-site	Total other	Quantity used	Quantity used	Quantity	Quantity	Quantity	Quantity	Quantity released to the environment as a
		disposal to Class 1	on-site disposa or other	Class 1	off-site disposa or other	recovery	for energy recovery	recycled on-site	recycled off-site	treated on-site	treated off-site	result of remedial
		Underground	releases	Underground	releases	on-site	off-site					actions, catastrophic
		Injection Wells, RCRA Subtitle		Injection Wells RCRA Subtitle	'							events, or one-time events not associated
		Clandfills, and		C landfills, and								with production
		other landfills		other landfills								processes
	1											
(2)	2											
ų,	3											
atego	4											
the	5											
nd in	6											
modu	7											
Je co	8											
dint	9											
unodi	10											
uoo u	11											
fead	12											
Column f. Mass (grams) of each compound in the compound in the category (1-17)	13											
s (gra	14											
f. Mas	15											
umn	16											
3	17											

•	United States Environmental Protect Agency	ion	TOXICS		E INVENTO	ORY
VHER	E TO SEND COMPLETED FO	PRMS: 1. TRI Data Processing Cen P. O. Box 10163 Fairfax, VA 22038	ter 2. APPROPRI.	ATE STATE OFFICE OF (See instructions in		TRI Facility ID Number
	ection only applies if you ar ously submitted form, other	e revising or withdrawing a wise leave blank.	Revision (E	nter up to two code	(s)) Withdraw	val (Enter up to two code(s)
мро	RTANT: See Instructions	to determine when "Not Applic	able (NA)" boxes	hould be checked.	•	
		PART I. FACILITY	IDENTIFICATION	ON INFORMATIO	ON	
ECT	ION 1. REPORTING YEA	AR				
ECT	ION 2. TRADE SECRET	INFORMATION				
2.1	Are you daiming the toxic Yes (Answer question attach substant		188	ls this copy	Sanitized (Answer only if "Ye	Unsanitized s" in 2.1)
	10N 4. FACILITY IDENT			nature:		Date signed:
6	Facility or Establishment	Name	110	Facility ID Number		
4.1	Physical Street Address	I	м	ailing Address (if diffe	erent from physical stree	et address)
3	City/County/State/ZIP Co	de	a	ty/State/ZIP Code		Country (Non-US)
4.2	This report contains inform	ation for: (Important: Check c or	d if applicable)	c.[A Federal facility	d. Goco
53	Technical Contact Name	£		200.50	Telephone Number	(include area code)
4.3	Email Address					
4.4	Public Contact Name				Telephone Number	(include area code)
	Email Address	8				
_	NAICS Code(s) (6 digits)	Primary a. b.	c.	d.	e	f
4.5	35555 2555			75	100	- 1 B/A
4.5	Dun & Bradstreet Number(s) (9 digits)	a. b.				
4.6		b.				

EPA Form 9350 -2 (Rev. 10/2011) - Previous editions are obsolete.

(IMP	ORTANT: Read instructions before completing form; type or use fill-and-print form) Approval Expires: 10/31/2014	8 Number: 2025-0009 Pageof
	EPA FORM A	TRI Facility ID Number
ı	PART II. CHEMICAL IDENTIFICATION	
L	Do not use this form for reporting PBT chemicals, including Dioxin and Dioxin-like Compounds*	
SEC	TION 1. TOXIC CHEMICAL IDENTITY Report	of
Г.,	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if r	eporting a chemical category.)
1.1		
Г	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as It appears on the Section 313	list)
1.2		
\vdash	Generic Chemical Name (important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be stru	cturally descriptive.)
1.3		· · · ·
SEC	TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section	I shove)
JEC	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spa	
2.1	Generic Chemical Name Provided by Supplier (important: Maximum of 70 characters, including numbers, letters, spa	ces, and punctuation;
SEC	TION 1. TOXIC CHEMICAL IDENTITY Report	_of
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if r	eporting a chemical category.)
L		
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313	list)
"-		
	Generic Chemical Name (Important: Complete only If Part 1, Section 2.1 is checked "Yes". Generic Name must be stru	cturally descriptive.)
1.3		
SEC	TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section i	l above)
\vdash	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spa	ces, and punctuation.)
2.1		
SEC	TION 1. TOXIC CHEMICAL IDENTITY Report	of
\vdash	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if r	eporting a chemical category.)
1.1	, , , , , , , , , , , , , , , , , , , ,	75
⊢	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313	liet s
1.2	Toxic Chemical of Chemical Category Marile (important: Elice only one harte exactly as it appears of the Section 513	iiscj
⊢		
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be stru	cturally descriptive.)
Ш		
SEC	TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section	l above)
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spa	ces, and punctuation.)
SEC	TION 1. TOXIC CHEMICAL IDENTITY Report	of
	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if r	eporting a chemical category.)
1.1		
Г	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313	list)
1.2		
Г	Generic Chemical Name (important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be stru	cturally descriptive.)
1.3	, , , , , , , , , , , , , , , , , , , ,	
SEC	TION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed Section	Lahove)
SEC		
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spa	ces, and punctuation;

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